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To: Dental Providers

RE: Dental Prior Authorization Process

To better serve dental providers and their patients, EDS will now receive and prepare dental prior authorization (PA) requests for Medicaid Agency review effective January 1, 2009.

To request a dental PA, providers should submit the Alabama Prior Review and Authorization Dental Request Form 343, dental x-rays, periodontal charts, and medical necessity notes to EDS. The information will be scanned and prepared by EDS staff members, then forwarded to the Alabama Medicaid Agency for review and disposition.

All correspondence related to prior authorizations should be sent to EDS at the following addresses:

EDS
ATTN: Dental Prior Authorization Department
PO Box 244032
Montgomery, AL 36124

Physical address for **express delivery only**:

EDS
ATTN: Dental Prior Authorization Department
301 TechnaCenter Drive
Montgomery, AL 36117

For emergency prior authorizations, please contact the Alabama Medicaid Dental Program directly at: (334) 242-5472 or via e-mail at: dental@medicaid.alabama.gov

Please refer to Chapter 13 of the Medicaid Provider Manual for the emergency prior authorization process. The manual is available online at http://www.medicaid.alabama.gov/billing/index_billing.aspx?tab=6

January 13, 2009